

OTS: 60-11,744

JPRS: 2805

15 June 1960

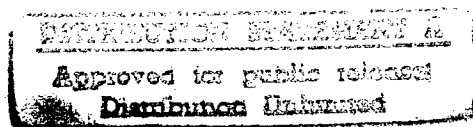
INTER-OBLAST CONFERENCE ON ACUTE INTESTINAL
INFECTIONS IN THE CITY OF IVANOVO

- USSR -

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DTIC QUALITY INSPECTED 2

19980109 072



19980109 072

Distributed by:

OFFICE OF TECHNICAL SERVICES
U. S. DEPARTMENT OF COMMERCE
WASHINGTON 25, D. C.

Price: \$9.50

U. S. JOINT PUBLICATIONS RESEARCH SERVICE
205 EAST 42nd STREET, SUITE 300
NEW YORK 17, N. Y.

JPRS: 2805

CSO: 3731-N

INTER-OBLAST CONFERENCE ON ACUTE INTESTINAL
INFECTIONS IN THE CITY OF IVANOVO

(26-28 May 1959)

[This is a translation of an article written
by N. A. Romanova and A. R. Shagidullina
(Kazan') in Kazanskiy Meditsinskiy Zhurnal
(Kazan' Medical Journal), Vol. 40, No. 5,
1959, pages 106-109.]

A. F. Serenko, substituting for the Minister of Health RSFSR, read a report "The Morbidity Status of Infectious Diseases in the RSFSR and Current Tasks of Combatting It." He noted that the problems of combatting infectious diseases play a very important role. In 1958, as compared to 1957, dysentery decreased by 24.6 percent, and general intestinal diseases by 16.1 percent. It has been proved that the etiological factor in intestinal dysfunctions is not only the dysentery bacillus, but the pathogenic strains of *B. coli* as well. In one quarter of 1959, a decrease of basic infectious diseases was observed, while at the same time a rise in dysentery occurred in a number of localities (Irkutskaya and Chelyabinskaya Oblasts, the Komi ASSR, Arkhangel'skaya Oblast, the Karelian-Finnish ASSR, etc.).

The morbidity rate of chronic dysentery in RSFSR in 1958 increased by 12.8 percent, as compared to 1957.

The origin of chronic dysentery is the incorrect treatment of acute dysentery and intestinal dysfunction patients. Special attention must be paid to the training of physicians in the field of treatment of dysentery. The principle of a cyclic course treatment is considered the most reliable; at the same time a stimulating and detoxifying therapy must be widely employed. The principle of treatment of dysentery patients by stages (wards and sections for dysentery convalescents) is still poorly utilized in practice.

Prof. V. D. Timakov, Vice-President of the Acad. Med. Sci. USSR, spoke on the problem of eradication of infectious diseases. The Collegium of the Ministry of Health decided

to eradicate during the First Seven-Year Plan such infectious diseases as malaria, typhoid and typhus fevers, diphtheria, rabies, syphilis, trachoma, and certain leptospiroses. The speaker noted that in the eradication of an infectious disease one must understand that such eradication is for a given infectious disease in a definite territory during a specific period of time, independently of whether the causative agent is eradicated or not (for example, plague and smallpox).

The control of infectious diseases is not a campaign, but one of the basic trends of medicine at a given stage.

Prof. K. V. Bunin (Moscow) thinks that at the present time clinical practice urgently promulgates the necessity of clear demarcation between dysentery and the acute diseases of the gastrointestinal tract of Salmonella origin. There is a considerable similarity in the clinical picture of salmonellosis and acute dysentery.

The differences concern only separate symptoms or their combination. At the onset of salmonellosis, more frequently than in acute dysentery, such symptoms as chills, repeated nausea, and abdominal pains of various character are observing.

The carrying out of a correct differential diagnosis between these diseases is possible only on the basis of the entire complex of clinical, epidemiological, and laboratory data, including the results of inoculations of feces, vomiting material, and the irrigation material of the stomach.

Treatment of adults must be complex, individualized, and successive. Of the antibiotics, the best results were obtained with biomycin, tetracycline, and terramycin. Biomycin (chlortetracycline) is given internally, 0.3 ml four times daily, for six to eight days consecutively. Subcutaneously the alcohol Flexner-Zonne di-vaccine is administered on the first, third, fifth, and seventh day of treatment in corresponding doses of 0.5 ml, one ml, one ml, and one ml. Under this method of treatment, the transition to a chronic relapsing form is less frequent.

Prof. N. I. Nisevich (Moscow) in her report "Urgent Problems of the Clinic, Diagnosis, and Therapy of Dysentery in Young Children" reported that despite a considerable reduction of mortality from dysentery, this disease still remains one of the gravest diseases in young children.

There have been several periods in the history of the study of the clinic and diagnosis of gastrointestinal disturbances: first period, when all dysfunctions were clinically united into one group of mild diarrheas of children; second period (since 1939 -- an interval of enthusiasm about

the diagnosis of dysentery), when each case of diarrhea with mucous discharge served as a basis for diagnosis of dysentery; the third period -- a period of differentiated approach to the diagnosis of gastro-intestinal disturbances, especially those which had been considered as atypical forms of dysentery; the possibility of B. coli and Salmonella infections was considered.

According to the speaker's data, in 85 to 87 percent of cases of dysentery in very young children (age up to one year) the disease has a typical course. The atypical forms are encountered principally in children with impaired nutrition, aggravated rickets, exudative diathesis, kept on an artificial or early mixed feeding, i. e., in children with impaired reactivity. In all other cases, one must approach carefully a diagnosis of an atypical dysentery without bacteriological confirmation. Not infrequently, under a diagnosis "atypical dysentery" there are hidden gastro-intestinal diseases of B. coli (30 pcent), Salmonella (four to six percent) and diseases of other etiology, particularly those caused by invasion of certain helminthes.

The percentage of complications in dysentery of young children is high (36 percent). These complications are usually caused by superimposed accompanying diseases (catarrhal conditions of the upper respiratory tract, grippe, etc.). In a number of cases even the secondary toxicoses are the result of superimposed secondary infections (B. coli and Salmonella).

The clinical picture of dysentery in young children varies greatly, which accounts for the great difficulty at times of making a differential diagnosis. The data of laboratory examination must be employed.

To bring about a complete and stable recovery of the child, correct treatment of dysentery patients must be organized by stages, including additional care of infants in sanatoria, early application of stimulating therapy, etc.

In antibiotic therapy of young children, the frequency of side effects connected with their incorrect use must be kept in mind.

Doctor of Medical Sciences, Ye. P. Uzhinova (Ivanovo), stated in her report "Dysfunctions of the Gastrointestinal Tract in Children Caused by Helminthes Invasion and Protozoa" that under the diagnosis of dysentery diseases caused by helminthes pass sometimes, especially ascariidosis and hymenolepidosis. It is, therefore, essential to examine children with an "irregular stool" for the presence of helminthes.

The reports of Prof. B. G. Shirvindt, Candidate Med. Sc. I. Z. Golubeva (Moscow), L. B. Khazenson (Leningrad),

D. B. Rosenfel'd (Podol'sk), N. A. Nemshilova, R. B. Donskaya (Kazan'), etc., were devoted to the problem of B. coli enteritis.

All speakers stressed the importance of colienteritis as the most urgent problem at present, which requires complex clinical, microbiological, and epidemiological study. As stated by Prof. Shirvindt, among a number of problems subject to thorough study in this respect, the most important are the problems of the clinic and diagnosis of mild and medium-grave colienteritis which constitute the preponderant bulk of these diseases. According to the data of the complex work conducted in 1958 in the Infectious Clinic of the Institute of Pediatrics of the Ministry of Health RSFSR jointly with the Department of Intestinal Infections imeni Mechnikov, in one-fifth of the patients of the diagnostic hospital admitted to the clinic with various diagnoses, a diagnosis of "colienteritis" was made and confirmed bacteriologically. Final diagnosis of colienteritis is possible only after the detection of one of the enteropathogenic strains of B. coli in the cultures of feces.

Of the antibiotics most effective are the tetracycline group, especially the analogues of neomycin -- lecithin and colimycin.

Prof. S. D. Nosov reported on the high effectiveness of griseimine on B. coli.

E. I. Varshavskiy, M. P. Ivanov (Moscow), O. D. Sharova (Ovanovo), R. B. Donskaya and Ye. I. Vayman (Kazan'), etc. noted the great importance of special intestinal cabinets in the general system of prophylactic and antiepidemic measures.

M. I. Khazanov (Moscow) reported that typhoid fever was recorded in the form of sporadic cases in the greater part of the territory of the RSFSR. The drastic reduction in the plan of prophylactic anti-typhoid vaccinations, from 1951 on, did not justify itself; it contributed to the retardation of the rate of morbidity reduction. The speaker thinks that the vaccinations must be extended to young children, starting from the age of seven years, and to the rural population, depending on epidemiological indications. To detect the disease in time, and more completely, especially in its atypical form, the speaker considers it expedient to inculcate the practice of the hemoculture method under polyclinical conditions.

Prof. G. P. Rudnev gave an analysis of the pathogenesis of typhoid fever. Typhoid fever is not a sepsis but a bacteremia -- hence, the necessity of searching for medicinal means which would prevent the carrying of the microbes into the liver. It is, precisely, bacteremia which forms the basis of bacteria-carrying, and the source of bacteria-carrying is established in the clinic. The course of the

present-day typhoid fever is such that it ceased to justify its historic designation. The present-day typhoid disease became clinically shorter and milder, a result mainly of the role of the antibiotics. However, at the same time, the number of relapses and bacteria carriers is increasing, hence the need for cyclic treatments, but not in all cases). The treatment with antibiotics must be combined with vitaminotherapy.

Prof. K. V. Bunin noted the absence of the effect of antibiotics on the immunogenesis in typhoid patients in cases where medium doses of the preparations were used for treatment.

The problem of epidemic hepatitis was represented by the reports of Prof. Ye. M. Tareyev (Moscow) Active Member of the Acad. Med. Sci. USSR, by Docent V. M. Sukharev, and N. A. Khrushcheva (Ivanovo), etc.

Attention has been attracted in recent years to the high incidence of Botkin's disease, especially among children who attend children's institutions.

At present there are no methods of specific diagnosis of this disease; therefore, particular importance is attached to thorough clinical study of all characteristics of the initial stage of the disease, as well as the epidemiological data.

N. A. Khrushcheva stressed the point that the clinic of epidemic hepatitis in children, as compared to adults, is distinguished by the following characteristics: 1) a predominantly mild form of the disease; 2) a relatively higher incidence of non-jaundiced and obliterated forms; 3) a more frequent elimination of the pre-jaundiced period; 4) a markedly reduced frequency of such symptoms as, anorexia, itching and pain in the joints.

In combatting infectious diseases, an important place must be given to prophylactic vaccinations, including also intestinal infections, as stated during the debate by Prof. S. D. Nosov (Ivanovo) and Prof. V. D. Timakov (Moskva). However, it is not advisable to overload children with vaccinations; therefore it is necessary to strive for the preparation of combined vaccines. The emergence of obliterated, atypical forms is, presumably, due to vaccinations. These typical forms require thorough study.

Submitted 27 June 1959

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